



# CAMBRIDGE CONSUMERS' COUNCIL

831 Massachusetts Ave. Cambridge, MA 02139

Cambridge  
349-6150

Boston  
349-6153

City of Cambridge

## CONSUMER COMPLAINT FORM

ID # \_\_\_\_\_  
Staff \_\_\_\_\_  
Open Date \_\_\_\_\_  
Close Date \_\_\_\_\_  
Disposition \_\_\_\_\_

### CONSUMER/Your Name

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_

Work (other) # \_\_\_\_\_

### BUSINESS/Complaint Against

Name \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Product or service involved: \_\_\_\_\_

Cost of product or service: \_\_\_\_\_ Amount paid to date: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Was a contract signed: \_\_\_\_\_

Did you pay by cash? \_\_\_\_\_ check? \_\_\_\_\_ credit card? \_\_\_\_\_ installment plan/loan? \_\_\_\_\_

Have you complained directly to business: in person \_\_\_\_\_ by phone \_\_\_\_\_ by letter \_\_\_\_\_

What is the nature of your complaint: \_\_\_\_\_  
(a few word summary, put full story on back)

What outcome do you seek: \_\_\_\_\_

### If a motor vehicle complaint:

Make/Model: \_\_\_\_\_ Purchased: new \_\_\_\_\_ used \_\_\_\_\_

Year: \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Mileage at purchase \_\_\_\_\_ Current mileage \_\_\_\_\_ Purchase price \_\_\_\_\_

Are you 60 years or older? yes \_\_\_\_\_ no \_\_\_\_\_

### Office Use Only

Issues \_\_\_\_\_

City License? yes \_\_\_\_\_ no \_\_\_\_\_ # \_\_\_\_\_

Release Authorization yes \_\_\_\_\_ no \_\_\_\_\_

Business Cert. on File? yes \_\_\_\_\_ no \_\_\_\_\_

Agency Referral \_\_\_\_\_ Walk in \_\_\_\_\_ by Mail \_\_\_\_\_ by Phone \_\_\_\_\_ Other \_\_\_\_\_

Be sure to include clear photocopies of all receipts, sales contracts, warranties, claim checks, and other documents to support the facts set forth in this complaint.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Date \_\_\_\_\_ Consumer's Signature \_\_\_\_\_

We will respect your request for confidentiality within existing legal standards. Please be aware, however, that under Massachusetts Law the facts set out in your complaint and in some cases your name and address could be considered a public record and released to interested persons. If you request it below, we will attempt to delete your name and address before releasing a copy of this complaint.

- ☐ YES, you may release my complaint and my name and address to parties legally entitled to this information under Mass. public records law.
- ☐ No, please do not release my name except to the party mentioned in this complaint.